state of infor-

plnods

JRD. Every item

of OCCUPA-

Y. Phisical Exact statement PHYSICIANS

stated EXACTL properly classified.

certificate.

3. SEX

7. AGE

1. PLACE OF DEATH

(a) Residence: No.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) (

8. Trada, profession, or particular kind of work done, as SPINNER.

Years

Length of residence in city or town where death occurred / Q

4. COLOR OR RACE

PERSONAL AND STATISTICAL PARTICULARS

		Z 8. Irada, profession, or particular	*/0'
A	De pe	o kind of work done, as SPINNER. Caelroad SAWYER, BOOKKEEPER, etc.	Was lound dead in
RESERVE	#	9 Hadustry or business in which track know	was found alon in
2	should it may n back	work was done, as SILK MtLL, SAW MILL, BANK, etc.	due to a heest.
鱼	<u> </u>	O N	
53	4	O 10. Date deceased last worked at this occupation (month and year)	
2	G I I I I I I I I I I I I I I I I I I I	year) Coccupation Occupation	Other Contributory Caoses of imports
17	NIC A se t ctio	12. BIRTHPLACE (city or town) Farrell Co.	
GIN	d. d.	(Stata or country) maryland	
8	refrabing pplied. AGI terms, so that instructions	13. NAME augustus Bernard	
1	. = .	<b>T</b>	Name of acception
J.A	su su in t	14. BIRTHPLACE (city or town) (Stale or country)	Name of operation
	II.y		What test confirmed diagnosis?
	WIT efull; in pl ant.	15. MAIDEN NAME Cligabeth Bernard	23. If death was due to extarnal cause
		16. BIRTHPLACE (city or town) Jarrett (State or country)	Accident, suicide, or homicide?
	be car EATH import	(State or country) Maryland	Where did injury occur?
	in E	Colithe L Bearded	Specify whether injury occurred in 1
	L'A	17. INFORMANT (Addrass) (Atamoret Mili	openi, make injuly eccured in
	Pl hou OF	19 BURIAL, CREMATION OR REMOVAL	
		netrife cemeday,	Manner of Injury
	VRIT Ition VUSI ON	Place MacDate 2 ,1933	Nature of injury
	-WRITE mation s CAUSE TION is	19 UNDERTAKER O. T. Sharpless	24. Was disease or injury in any way
No. 1	1 505	(Address) Blaine W. 1/a.	If so, specify
74	m (T)	Det 25 PM: The Della	(Signed) (O. A)
Þ.	z	20. FILED Dello, 1933 Allel M. Bhlay Registrar.	(Address)
		If more blanks are needed, address State Registrar,	
		a) more viana die needed, dudies State Registrar,	1411 11. Charles Street, Dantmore, Kequ

STATE OF MARYLAND-	CERTIFICATE OF DEATH 18220
EATH	(95-8)
witt	Registration Dist. No. 169
Eltamout	NoSt.,Ward
/- 1	death occurred in a hospital or institution, give its NAME iostead of street and number)  3 ds, How long in U.S. if of foreign birth?
William Clegale Clegale	Bernard
0.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DITORCED (write the word)	21. DATE OF DEATH ST. 193  (Month) (Day) (Year)
ith Lillian Bernar	72. I HEREBY CERTIFY Shat I attended deceased from
n, day, and year) Obril 17th 1895	I last saw h; death is said
Months   Days   If LESS than	to have occurred on the data stated above, at 6 a.m.
7 16 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
or particular one, as SPINNER. Railroad KKEPER, etc.	Was found dead in Lad. Death Trobally
ess in which trackware , as SILK MILL, NK, etc	due to a heart lessions curgos
t worked at (month and 11. Total time (years) spent in this occupation	
own) Fairett Co.	Other Contributory Caoses of importance:
autus Berned	
Jan Nott Ca	Name of operation
(or town) Maryland	What test confirmed diagnosis? Was there an autopsy?
"ling both Bernard	23. If death was due to external causes (VIOLENCE) fill in also the following:
or town) Garrett Cy	Accident, suicide, or homicide? Date of injury, 19
ith L. Bernard	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
OR REMOTATIVE Marchate 12-5, 19.33	Manner of Injury
7. Sharpless	24. Was disease or injury in any way related to occupation of deceased?
laine W. Va.	If so, specify
5, 1933 allie M Whay Register.	(Signed) Kelhueller md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

12221

# GIN RESERVED FOR BINDING

V. S. No. 1

B.-WRITE PLAINLY, WITH U-FADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	9 1	(82)	
County	arrell	Registration Dist. No. / 🕓	2
Village or City Them	Germany md.	ND. St., f death occurred in a hospital or institution, give its NAME instead of street a	Ward
Length of residence in city or town w			
2. FULL NAME	LXB /	and the	
	with gowler !	St. Ward.	
(a) Residence: No.	(Usual place of abode)	A. St., Ward.  If nonresident give city or town	and State
PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sec 12	102 3
mac wate	Single	(Month) (Day)	(Year)
5a. ff married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, That I attend	ded deceased from
(or) WIFE of		, 19, to	
6. DATE OF BIRTH (month, day, and year)	april 19-1910	I last saw h alive on, 19,	
7. AGE Years Month		to have occurred on the date stated above, at 5.00 m.	
23 7	3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as incloses:	
8. Trade, profession, or particular kind of work done, as SPINNER	100	a) ronenno	Date of onset
SAWYER, BDDKKEEPER, etc	Neforest	C/	
kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Service		
SAW MILL, BANK, etc	11. Total time (years)	-	
o this occupation (month and year)	spent in this occupation		
to Diparting Lon (city)	- y	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or equality)	en Desmany		
13. NAME Rayme	13.15		
13. NAME Aymi	Cresttown .	Name of operation Date o	
(State or country)	of md.	What test confirmed diagnosis? Was there	2
15. MAIDEN NAME	na Stevens	23. If death was due to externat causes (VIDL ENCE) fill in also the fellow	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	new Seemens	Accident, suicide, or homicide? Ascident Date of injury the	
(State or country)	md. t	Where did injury occur? Mess Sermany	Dam
17. INFORMANT SAM Ra	ymond Breadwater	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	State) PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	wastown ma.	the the	11 8
Place Dew German	who are Dec 14 1933	Manner of Injury	
00	1	Nature of Injury	7,-
19, UNDERTAKER (Address)	N yast	24. Was disease or injury In any way related to occupation of deceased?	10
(variess)	mellong the Street	If so, specify (Signed)	->
20. FILED N. 14. 19.3.3	Registrar.	(Signed) (Ardress) Allentavir	M. D.
	Registrar.	(W. Oless) - A CANANA CONTRACTOR	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	ESPANSE TO MANAGEMENT OF THE STATE OF THE ST	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:

	4 4 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	state UPA.	1. PLACE OF DEATH	(778)
	77	county Garrett Saugrum.	Registration Dist. N
	should of OCC	Village or City Sang Run	No. leath occurred in a hospital or institution, give its NAME instead
X	O. Every SICIANS	Length of residence in city or town where death occurred yrs, mos,  2. FULL NAME TOY Wilbut Gust  (a) Residence: No. May Dreuels rille  (Usual place of abode)	ds. How long in U.S. if of foreign birth?y
	PHY ret st	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF
	T RECY. P. Exact.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single	21. DATE OF DEATH December 28
BINDING	IANEN A C T I ssifted.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, Tha
SINI	Cla .	6. DATE OF BIRTH (month, day, and year) ADV, 21- 1897	l last saw h elive on
FOR 1	A P	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, etQA_m The PRINCIPAL CAUSE OF DEATH and releted causes of impere as follows:
_	HIS be be of	8. Trade, profession, or particular kind of work done, es SPINNER, Rural mail carrier SAWYER, BOOKKEEPER, etc.	ackon monatide l'occame
RESERVED	INK-T should t it may on back	work was done, as SILK MILL, U. S. Postal Service SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month end	е
	AFADING I	12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
RGIN	supplied. n terms, ee instru	(State or country) Musy Curic	
MA	sul in t	13. NAME Sery Cestul  14. BIRTHPLACE (city or own) (State or country)  13. NAME  14. DIRTHPLACE (city or own)	Name of operation
	WIT efull in pl	15. MAIDEN NAME Smith	23. If death was due to external causes (VIOLENCE) fill in also
	2	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  (State or country)	Accident, suicide, or homicide? Accidental Date of i
1	S E O N	17. INFORMANT Mosens Castel (Address) Oneuloselle mil	(Specify city or town, constitution of specify whether injury occurred in INDUSTRY, in HOME, or home
		18. BURIAL, CREMATION, OR REMOVAL Place Blooming Roadie Dre 31, 19 33	Manner of Injury Carbon Monoxide ·
No. 1	WRITE mation sl CAUSE CAUSE	19. UNDERTAKER The Maringue (Address) Proceedings of the Maringue And Starle Modern Maringue (Address)	24. Wes disease or injury in any way related to occupation of
V.S. N	z C	20. FILED Dec. 31, 1933 Jeannette Statles Registrar.	(Signed) Survey (Municipal Control of Contro

178			3 4 4 4 4
. md	Registrat	tion Dist. No. 1	61
No.  death occurred in a hospital or insti	tution, give its N	S	t.,Ward
St. Ward.			
		dent give city or tow	
21. DATE OF DEATH		TE OF DEA	· n
Decembe		28 (Day)	, 193 <u>3</u> (Yeer)
22. I HEREB	YCERT	IFY, That I att	ended deceased from
	, 19, to		, 19
1 last saw h elive on			); death is said
to have occurred on the date sta			
The PRINCIPAL CAUSE OF DEA	ATH and releted	causes of importance	Date of onset
		Jumas	Jon 28-3
accidental care	FD		
Θ	4.		
Other Coutributery Causes of im	portance:		
Name of operation		Det	
What test confirmed diagnosis?_		Wes the	re an autopsy?
23. If death was due to external c			
Accident, suicide, or homicide?_	Accidente	Date of injury	, 19
Where did injury occur?	(Specify ci	ly or town, county a	nd State)
Specify whether injury occurred home	in INDUSTRY, i	n HOME, or in PUBI	LIC PLACE.
Manner of injury Carbo	n Mono	xide - A	utomobile
Nature of injury			
24. Wes disease or injury in any	way related to d	occupation of decees	ed? no
Il so, specify	0 1		
(Signed)	m 100	um Jan Ki	M. D.
(Address) Da	Klan	d mo	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Deceased found dead in his garage. Warming up motor in closed garage on a very cold day. Was called by county authorities and found that decedent had been dead about two hours.

	County Sassett	Registration Dist. No.
	Village or City Near Westernport	No. St., V
	(If	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
,	FULL NAME Stephen Dec	/a
1	(a) Residence: No. Western nort	St. Ward.
macagi	(Usual place of abode)	If nonresident give city or town and State
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  /2  (Month)  (Day)  (Year
5ā.	If married, widowed, or divorced HUSBANO of (or) WIFE of I da Warnick Duckernt	22. I HEREBY CERTIFY, That I attended deceased
6. 1	DATE OF BIRTH (month, day, and year) Oct. 21, 1857	I last saw h. 122 alive on aug 1953 death is
7. /	AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$2.30 f/m.
	76 9 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NO.	8. Trade, profession, or particular kind of work done, as SPINNER,	1 1 0 10
UPATI	SAWYER, BOOKKEEPER, etc	Cerebral Hemontage 12/
CCU	SAW MILL, BANK, etc	
ŏ	10. Oate deceased last worked at this occupation (month and year)	
12	BIRTHPLACE (city or town) & arrite Co	Other Coutributory Causes of importance:
14.	(State or country) Mil	
HER	13. NAME Truam Duckworth	
FATH	14. BIRTHPLACE (city or town) Alleghing Co.	Name of operation. Months. Date of
	(State or country)	What test confirmed diagnosis?
THER	15. MAIDEN NAME / teb-becca Michials	23. If death was due to external causes (VIOL ENCE) fill in also the following:
MOT	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? 24 Date of injury 19
17.	INFORMANT Jus. I da Duckworth  (Address) R + & wislam at Md	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Place Monday Circulation De 2 1, 1933	Manner of injury Nove
19.	UNDERTAKER UN Fullboch (Address) Seglmonous	24. Was disease or Injury in any way related to occupation of deceased?
20.	FILED SLC, 1937 Drusey Tattesta. Registrar.	(Signed) (Signed) (Address) Fieldmanh (W

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of cpilcpsy	Date of onset  1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
J	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	of importance were as follows:  Attack of cpilcpsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	

AGE should be stated EXACTLY. PHYSICIANS should state

mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12224	
1. PLACE OF DEATH	93:0	
County Segments	Registration Dist. Np.	
Village or City Qa beloned Ulc		Mond
	No. St., death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME LA PRINCIA AQUE	1	
(a) Residence: No. Oakland	St., Ward.	
(Usual place of abode)	1f nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (print the word)	21. DATE OF DEATH	_
tenale white widow	(Month) (Day) (Ye	<u>)</u>
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of	1 HEREBY CERTIFY, That I ettended decease	d from
11- 71 19 191	1923, 10.	0.0
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	0.21	is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
7 ormin.	were as follows:	ofonset
8. Trede, profession, or particular kind of work done, as SPINNER LUCED SAWYER, BDOKKEPER, etc.		
kind of work done, as SPINNER  SAWYER, BDOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	1 fgo er acces	
work was done, as SILK MILL, SAW MILL, BANK, etc.		
10 Date deceased last worked at 11. Total time (years)		
this occupation (month and spent in this occupation		
12. BIRTHPLACE (city or town) Level Levelle	Dther Cautributary Causes of importance:	
(State or country)	Certarios large	
13. NAME ACCURATE PROPERTY		
13. NAME  14. BIRTHPLACE (city or town)  14. BIRTHPLACE (city or town)  15. Control of the contr		
14. BIRTHPLACE (city or town)	Name of operation Date of	
The state of the s	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Rechard to Respond to 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)  (State or country)	Accident, sulcide, or homicide?	
(State of County)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Call Decay	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address)  18. BURIAL, CREMATION, OR BEMOVAL		
Place Lake Journal Date Law 1. 1934	Manner of injury	
	Nature of injury	
19. UNDERTAKER LINE OF NO 100 Kally	24. Was diseese or injury in any way related to occupation of deceased?	
(Address) Porkland uid,	If so, specify	
20 mol 3/ 1933 Julia Cowan	(Signed) If I will be the sign	M. D.
Registrar.	(Address) Con	

VIf more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	10	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BODEAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

B.—WRITE PLA

ż

Α-	STATE OF MARYLAND—	CERTIFICATE OF DEATH	12655	
di l	1. PLACE OF DEATH			
OCCUP	County Darrett.	Registration Dist. No.	10	
ŏ	R		Word	
of	Village or City (1)	NoSt.,	ward (	
statement	Length of residence in city or town where death occurred yrs. 5mos.	As. How long in U.S. if of foreign birth?yrsmo	sds.	
iter				
sts	(a) Residence: Np. (Usual place of abode)	St., Ward.  If nonresident give eity or town and	State	
ict	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
d. Exact	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)		
fied	5a. If married, widowed, or divorced HUSBAND of		(1001)	
properly classified certificate.	(or) WIFE of	22.   HEREBY CERTIFY, That I attended	deceased from	
	6. DATE OF BIRTH (month, day, and year) Levely 7- 1928	I last saw h 12-2-4-1933	: death is said	
	7. AGE Years Months Oays I LESS than	to have occurred on the date stated above, at 3 m.		
ope	5 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
_	Z 8. Trade, profession, or particular	were as follows:	Date of onset	
pe of	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.			
may	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
t it	11. Total time (years) this occupation (month and year)			
erms, so that instructions o	12. BIRTHPLACE (city or town). Oftg. moret.  (Stata or country)	Other Contributory Causes of importance:		
terms,	13. NAME Leve N. Glotfelty			
4	14. BIRTHPLACE (city or town) Me Hereby,	Name of operation Data of		
plain Se	(State or country) Md.	What test confirmed diagnosis? Was there an a	utopsy?	
in pant.	15. MAIDEN NAME aug L. Steideng 16. BIRTHPLACE (city or town) Sevanton	23. If death was due to extarnal causes (VIOLENCE) fill in also the following		
H		Accident, suicide, or homicide? Data of injury	, 19	
AT	(State or country)	Where did injury occur? (Specify city or town, county and State		
E OF DEATH in p is very important.	17. INFORMANT See N. Hotfelty (Address) Swauton male	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	ICE.	
0 %	18. BURIAL, CREMATION, OR ROMOVAL	Manner of injury		
SE	Place Deer Fark, My Date Det. 26, 1933	Nature of injury		
CAUSE TION is	19. UNDERTAKER Otha F. Sharpleso	24. Was disease or injury in any way related to occupation of deceased?	707000000000000	
	(Address) Black W. Ha.	If so, spacify		
T)	20. FILED Dec 25, 1933 Mm. Q. C. Cashly, Registrar.	(Signed)	M. O.	
400				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

PHYSICIANS should state RD. Every item of infor-Exact statement FADING INK-THIS IS A PERMANENT RE stated EXACTLY. properly classified. certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be See instructions on back of mation should be carefully supplied. ALY, WITH TION is very important.

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	2	2	2	5

1. PLACE OF				108	1/1
County	Garrett			Registration Dist. No	191
Village or C	ity Selbyspo	rt, Md.	)		Ward
Length of resi	dence In city or town where	death occurred	6 yrsmos.	death occurred in a hospital or institution, give its NAIVE instead or street	
2. FULL NAI		Green	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(a) Residen	ce: No. Sel	Usial place	. Z	St., Ward.  If nonresident give city or tow	n and State
PERSON	AL AND STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEAT	ГН
s. sex Male	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE Marri	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Dec. 15, (Month) (Day)	, 193 <b>3</b> (Year)
5a. If married, widow HUSBAND of (or) WIFE of	Blizabeth G	reen		22. I HEREBY CERTIFY. That I atte Dec. 13, 1933 to Dec. 1	
S DATE OF RIPTH	(month, day, and year) M	ay 25, 1	.852	I last saw h_im_ alive on Dec. 13, 19	33; death is said
7. AGE Yea	Illouini, day, o a year,	Days	If LESS than	to have occurred on the date stated above, at 5:30P.m.	
8	1 6	19	1 day,hrs.	were as follows:	Date of sneet
8. Trade, profe	ssion, or particular work done, as SPINNER,	Downer		Lobar Pneumonia	12-13-3
SAWYER SAWYER	, BOOKKEEPER, etc	Farmer			
9. Industry or work wa	business in which s done, as SILK MILL, LL, BANK, etc	wn farm			
U 10. Date deceas	ed last worked at	11. Total	time (years)		
o this occu	pation (month and	oc.	ent in this 15 y	Other Contributory Causes of importance:	
12. BIRTHPLACE (ci	itu or town)			Chronic Endocarditis	1918
(State or cou		and		Arteriosclerosis	2000
≝ 13. NAME B	enjiman Gre	en			
13. NAME B	E (city or town)			Name of operation Dat	te of
(018100	r country) Mary			What test confirmed diagnosis? Was the	re an au'opsy?
15. MAIDEN NA  16. BIRTHPLAC	IME Mary	Poland		23. If death was due to external causes (VIOL ENCE) fill in also the fo	
16. BIRTHPLAC	E (city or town)			Accident, suicide, or homicide? Date of injury_	, 19
∑ (State o	r country) Mary	land		Where did injury occur? (Specify city or town, county a	ind State)
17. INFORMANT (Address)	Silvabette	arel	nd	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBI	LIC PLACE.
18. BURIAL, CREMA	NON OR REMOVAL	a Date De	ely ,1933	Manner of injury	
19. UNDERTAKER	Hy A	dorte	in no	24. Was disease or injury in any way related to occupation of deceas	
20. FILED De	W16., 1933.	annelle	Staller Registrar.	(Signed) / C. / We would be seen as well as we	M. D.

-WRITE PLA

ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V. O.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

AGE should be stated EXACTLY.

properly classified.

certificate.

TION is very important. See instructions on back of

PHYSICIANS should state

Exact statement of OCCUPA-

	CERTIFICATE OF DEATH 12226
1. PLACE OF DEATH	(A-O)
County Marlet	Registration Dist. No.
Village or City Jenning	NoSt.,Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Susanna Hondu	
(a) Residence: No. Olympia of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
G. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)  Memale  Mill  Mill	21. DATE OF DEATH OCC (Month) (Day) (Year)
is If married, widowed, or divorced HUSBANO of (or) WIFE of fermiah Handways	22.   HEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH (month, day, and yeer) aug. 9 1844	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at \( \begin{array}{c} \left( C \) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	beribral halmarhage
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation 6.5	
12. BIRTHPLACE (city or town) (State or country)	Other Contributary Causes of Importance:
13. NAME Sulimon Billinger	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Oate of What test confirmed diagnosis? Was there an autopsy? A.C.
15. MAIOEN NAME House h. France	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Somuel Handwork  (Address) Jennings	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Jennings Oate /2 - 28, 1923	Nature of injury
19. UNDERTAKER Wm Winterling (Addiess) Fronting	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. B.
20. FILEO VILLED Registrar.	(Address) Transsvill

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person cugaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

of OCCUPA.

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12227
	1. PLACE OF DEATH	(J-E)
	County Harrett	Registration Dist. No. 169
1	Village or City Rev Bank	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Emply Dower H	melanghe
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  12 - 2 1933  (Month) (Qay) (Year)
	5a. If married, widowed, or divorced HUSBAND of	
	(or) WIFE of box Selvesting Amelong	22. I HEREBY CERTIFY, That I ettended deceased from
certificate.	6. DATE OF BIRTH (month, day, end year) 3 -1 -184	I last saw h alive on 12-2-1933; death is said
	7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, et . F. m.
rtif	37   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Oats of enset
		11-12-33
on back of	9. Industry or business in which work was done, as SILK MILL.  SAW MILL, BANK, etc  10. Date deceased law worked et lix. Total time (yetrs) this occupation (month and	
s on	10. Date deceased last worked et this occupation (month and year)	
instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
stru	(State or country)	and Muchum
in		
See	14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of What test confirmed diagnosis? Was there an eutopsy?
ıt.	I 15. MAIDEN NAME Velywhith Wilson	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
important.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury, 19
odu	E (State or country)	Where did injury occur? (Specify city or town, county and State)
ery ir	17. INFORMANT (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
is very	18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Ples PCest Oate 12 7 , 1933	Nature of Injury
TION	19. UNDERTAKER Zandar D. Baldley. (Address)	24. Wes diseese or injury in eny way related to occupation of deceesed?
	20. FILEO Dec 5, 1933 alle 71 Ashley Regionar.	(Signed) M. O.
	/ Registrat.	(noniess)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back

pe of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

N. B.—WRITE PLAINLY, WITH

1. PLACE OF DEATH	
County Harrett	Pagistration Diet No. 7 16
	Registration Dist. No.
	NoSt., Ward  death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	
2. FULL NAME Cphraim Statters	Kelso
(a) Residence: No. Mt. Lake Park Mod (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOB OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 2
OR DIVORCED (write the word)	Number 7 193 Q
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
april 2/3- 1947	1933, to 17 7 , 1933
6. DATE OF BIRTH (month, day, end yeer)	I lest sew h. elive on 77 2 , 1932 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.25 Pm.
86 7 14 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance were es follows:
8. Trade, profession, or particular thind of work done as SPINNER.	
kind of work done, as SPINNER former retired SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Durery
kind of work done, as SPINNER Sawyer, Bookkeeper, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month) and this company is the company of the company in this company is the company in the company i	
10. Date deceased last worked at / 11. Total time (years)	Clamera Hermanden
this occupation (month and year)	Anterio-selevoire. Ouration: ten geore.
12. BIRTHPLACE (city or town) Cove, Ind.	Other Contributory Causes of importance:
(State or country) Sarrett Country	
13. NAME Jamuel Welso	
7//	No. of condition
(State or country)	Name of operation Date of
15. MAIDEN NAME LUSoung Reche	What test confirmed diagnosis? Was there an au'opsy? Was there an au'opsy?
9/ /	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
21861 mx61 P. P.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	Specify whether injury occurred in INDOSTAT, in HOME, of In POBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place While Church Date 12/10, 1932	Nature of injury
19. UNDERTAKER EMPLY Balelin	24. Was diseese or injury in any wey related to occupation of deceased?
(Address)	If so, specify 2 Q. R
20. FILED De 10 19 33 Julia Kowas	(Signed) . I a e e e e e e e e e e e e e e e e e e
20, FILED SCALE, 19 Conference Registrar.	(Address) Oarfauf ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1.0	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



# STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

County	Registration Dist. No. 167
Village or City Kury (No	St.: Ward) (If death occurred is a hospital or institu
2 FULL NAME Harvey Herbe	tion, give Its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PASTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (9 - 1925) (Month) (Day) (Year)
12 - 10 - 1933 (Month) (Day) (Year:	17 I HEREBY CERTIFY, That I attended the decessed from
occupation  (a) Trade, profession or	The CAUSE OF DEATH . was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yre more de
OF FATHER  IS BIRTHPLACE  OF FATHER  IN State or country)  12 MAIDEN NAME  OF MOTHER  OF MOTHER  13 BIRTHPLACE  13 BIRTHPLACE	(Signed).  (Signed).
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yesmosds
(Informant) Merin 7. Junes (Address) Kryburn VII.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL REMOVAL DOOL 33

20 UNDERTAKER

if mora bianks are needed, addrose State Registrar, 16 W. Saratoga St., Balto., Requesting V.S. No. 1.

S. No. 1

WRITE

Filed Dic

FOR BINDING

PERMAN

A

UNFADING INK---THIS IS

MARGIN RESERVED

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every f these of various pursuits can be known. The quescontion is very important, so that the relative health Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the should be used only when necded. As examples: (a) udditional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, worked on may form part of the second statement Spinner, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomolive engineer, Ne. er return 'Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House hou shold only en at home. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been whanged whatever, write None. report specifically the occupations of persons et ... Foreman, (b) Automobile factory. The For many occupations a single word or term on or At Home, Farm laborer, yrs). For persons who have no occupation (b) Cotton mill; (a) without more precise specification as Day w ) are engaged in the duties of the at paid Housekeepers who receive a and children, not gainfully em-Laborer-Coal minc, etc. Wom-Salesman, (b) person, irrespective of material Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stited unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, Sarcoma, use of "Tumor" for malignant neoplasms); Meusles "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection unqualified, is indefinite); Tuberculosis of lungs, men-Chronic Whooping "PJERPERAL septicaemia," "TUERPERAL peritonitis, discases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite diease totanus) may be stated under the head of "contributory" or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL. OF HOMICIDAL, State cause for which surgical operation was undercarbolic acid-probably succide. The nature of the injury. accident; Revolver would of head-homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association. approved by Committee on Nomenclature (Recommendations on Inanition, "Atrophy." "Collapse," "Coma," "Convulsions, .. (name origin: "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY " "Marasmus," "Old Age," "Shock," cough; Chronic valvular heart statement of cause of etc. The contributory need not be discuse; etc., of

If this certificate is I oked over thoroughly and a I qu fions answered in detail, it will prevent further correspondence. the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

certificate.

See instructions on back of

TION is very important.

19. UNDERTAKER DUST

(Addrass)

20. FILED 176

Ä

STATE OF MARYLANI	D—CERTIFICATE OF DEATH 12230
1. PLACE OF DEATH	82-0
County yarete	Registration Dist. No. 162
Village or City year taxille	No. St., Ward
Length of residance in city or town where death occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Saulla Milly	
(a) Residence: No. Orantsville (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWI  OR DIVORCED (write the wo  Widauch	ED, ord)  21. DATE OF DEATH  (Month)  (Dey)  (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of fall f Mille  6. DATE OF BIRTH (month, day, and year) Fiel 12 - 184	22. I HEREBY CERTIFY. Thet I attandad deceased from 1932, to 20, 1933  [ I lest saw h. eq. alive on \$\frac{1}{2}CC  20,  19\frac{3}{2} 2             \
7. AGE Years Months Days If LESS to 1 day,	to have occurred on the date stated above, at 4, 500 m.  -hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	, Survial Jaemonkoge Ele 19
O Date deceased last worked at this occupation (month and year) occupation occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME Samuel Beachers	
13. NAME Samuel Beachers  14. BIRTHPLACE (city or town) (State or country)	Neme of operation
15. MAIDEN NAME Magglalena halk	23. If daeth wes dua to axtarnal causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mag dalena frolk  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Janua B Milly (Address) grantasille Md	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Maple year learned Date Dec 23 19	Mannar of Injury

Registrar.

If so, specify

(Signad)

(Address)

24. Was disease or Injury In any way related to occupation of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	/66
County Day of the Acade	Registration Dist. No.
Village or City Q Nellew / / Auto C	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Infant Dur	rono
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
emale white OR DIVORCED (rurite the word)	Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
1000	, 19, to, 19, 19
6. DATE OF BIRTH (morth, day, and year) (1) (3) (933) 7. AGE Years Months Days If LESS than	I last saw h alive on, 19; death is said
	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
1 day,hrs. ormin.	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Mul Dan
Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (cit or town)  (State or county)  13. NAME  13. NAME  13. NAME  14. Industry or which which work did not be a second to the same and the same	
lest to	Other Contributory Causes of importance:
12 BIRTHPLACE (city or town) (State or country)	
13. NAME Yoward Lenwood Simon	
13. NAME You and denies denies of Simone 14. BIRTHPLACE (city or town) what you (State or counts)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MANDED MAME / wells plehard	23. If death was due to external causas (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town) we of	Accident, suicide, or homicide?Oate of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
15. WANDEN MAME / CICLLE CLICATION  16. BIRTHPLACE (city or town) CLICATION  (State or country)  17. INFORMANT  (Address)  18. BURDAL OR FEMOLAL  18. BURDAL OR FEMOLAL  19. BURDAL OR	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
10. DOMINE CHEMINITOR, ON NEW ORKE / 1	Manner of injury
Macel rallia W. Mate Nell 4, 1935	Nature of injury
Placed rea alla W. bgoate Le 4, 1933	24. Was disease or injury in any way related to occupation of deceased?
(Address) Co relien my	If so, specify
20. FILES De B, 1933 Julia Rower Registrar.	(Signed) M. O.  (Address) Calabata M. O.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows.	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		LASA TO SOL	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-----------	---------	------------	----	-----------

STATE OF MARYLAND—CERTIFICATE OF DEATH inforof OCCUPA. 1. PLACE OF BEATH Jo bluods County Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city-or town whera feath occurred How long in U.S. if of foreign birth? \_\_\_\_\_\_ vrs. \_\_\_\_\_ mos. statement 2. FULL NAME RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) PERMANENT (Month) (Day) (Year) classified. 5a. If married, widowed, or divorced HUSBAND of That I attended deceased from E certificate. 6. DATE OF BIRTH (month, day, and year) A properly 7. AGE Days Months If LESS than stated to-have occurred on the date stated above, at 1 day, -----hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min\_ Date of onset 8. Trade, profession, or particular THIS. OCCUPATION kind of work dona, as SPINNER JO SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, pluods may back SAW MILL, BANK, etc ... INK 10. Data deceased last worked at 11. Total time (yaars) this occupation (month and spent in this 5 that instructions 12. BIRTHPLACE scity or tow (State or Country) supplied. plain terms, HER See FAT Name of operation... (State opecounty) carefully What test confirmed diagnosis?\_ ----- Was there an autopsy? MOTHER ı important 23. If death was due to external causes (VIOLENCE) fill in also tha following: OF DEATH 16. BIRTHPLACE (city or Accident, suicide, or homicide?\_\_\_\_\_ (State or country) be Where did injury occur?\_. (Specify city or town, county and State) should Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT very (Address) 18. BURTAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation TION Nature of injury\_.. 24. Was disease or injury in any way related to occupation of decaased 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 12233
1. PLACE OF DEATH	<u> </u>
county Sarrell	Registration Dist. No. 163
Village or City Blooms of on	DROUGH St., Ward
Length of residence in city or town where death observed release smooth	death occurred in a hospital or institution, give its NAME instead of street and number)
21./000	Office of the state of the stat
2. FULL NAME Stary Sugar	vicego
(a) Residence: No. (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR Deforced (write the word)	Nec 8 , 1933
5a. If married, widowed, or divorced .** HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
D. 01632	1200
6. DATE OF BIRTH (month, day, and year) 7. AGE / Years   Months   Days   If LESS than	to have occurred on the date stated abova, at
C4. // har. hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profassion, or particular	were as follows:  Date of onset
kind of work dona, as SPINNER, cheld	asphyvia 12/d/s
9. Industry or business in which work was dona, as SILK MILL,	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	
o this occupation (month and yaar) occupation	
200	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	
E Why	71 20 9
(State or country) SWAN + or m	Nama of operation Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MAdeline Wilson	23. If daath was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Blooming for	Accident, suicide, or homicida?
(State or country)	Whera did injury occur?
17. INFORMANT Virnan Wilson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Blannington	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury None
New Olomington Mad 0/2/9,1933	Nature of injury 2001
19. UNDERTAKER MONCHERMONTS	24. Was disease or injury in any way related to occupation of deceased?
(Address) Ston in Jun 1970	If so, spacify
20. FILED Dec 9 , 1933 Dorsey Cattison	(Signed) M.D.
Registrar.	(Address) Perdan and Cliva

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	90	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year